

✓ 128 289315

**Latimer, Becky**

**From:** Latimer, Becky  
**Sent:** Thursday, January 2, 2020 4:17 PM  
**To:** [REDACTED]  
**Subject:** 2019-290-WS

Dear Gloria D. Hallman,

This is to acknowledge receipt of your Letter of Protest/Comments to the Public Service Commission of South Carolina. Your Letter of Protest/Comments will be placed in the Protest File of the Docket listed below and on the Commission's Website at [www.psc.sc.gov](http://www.psc.sc.gov).

- **Docket No. 2019-290-WS** - Application of Blue Granite Water Company for Approval to Adjust Rate Schedules and Increase Rates

A Protestant is an individual objecting on the ground of private or public interest to the approval of an Application, Petition, Motion or other matters which the Commission may have under consideration. A Protestant may offer sworn testimony but cannot cross-examine witnesses offered by other parties.

According to the Commission's Rules of Practice and Procedure, filing a Protest does not make you a Party of Record. A Protestant desiring to become an Intervenor (i.e., a Party of Record) in a proceeding before the Commission may file a Petition for Intervention within the time prescribed by the Commission.

You can follow this Docket and other daily filings made at the Commission by subscribing to the Commission's Email Subscriptions at this link: <https://dms.psc.sc.gov/Web/Email>; or you can follow the individual Docket at the link listed below:

Docket No. 2019-290-WS - Application of Blue Granite Water Company for Approval to Adjust Rate Schedules and Increase Rates <https://dms.psc.sc.gov/Web/Dockets/Detail/117247>

If we may be of further assistance to you, please do not hesitate to contact us.

Sincerely,  
Becky Latimer



Protestant  
2019-290-WS

Phone: 803-896-5100  
Fax: 803-896-5100  
www.psc.sc.gov  
Text PSCAGENDAS to 39299

To receive an alert when Meeting Agendas are released

RECEIVED

Date\*: 12/27/19

Individual Complaint Form

Complainant or Legal Representative Information:

\* Required Fields

JAN 02 2020

Name \* Gloria D. Hallman

PSC SC  
MAIL / DMS

Firm (if applicable) \_\_\_\_\_

Mailing Address \* \_\_\_\_\_

City, State Zip \* Irmo SC \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Utility Involved in Complaint: \* Blue Granite Water Co.

Type of Complaint (check appropriate box below.) \*

- |                                                                                                        |                                                            |                                        |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Billing Error/Adjustments                                                     | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate    | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service                                                      | <input type="checkbox"/> Payment Arrangements              | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue       |
| <input type="checkbox"/> Service Issue                                                                 | <input type="checkbox"/> Meter Issue                       |                                        |                                                     |
| <input checked="" type="checkbox"/> Other (be specific) rate increase being considered by Blue Granite |                                                            |                                        |                                                     |

Have you contacted the Office of Regulatory Staff (ORS)? \* ☐ Yes ☒ No

Name of ORS Contact: \_\_\_\_\_

Concise Statement of Facts/Complaint: \* (This section must be completed. Attach additional information to this page if necessary.)

Rate increase of more than \$30 being considered as the company (or previous) started out at \$35. This is an unreasonable amount that we will have in addition to paying city of Cola. for water. This will be a burden for fixed income families.

Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)

Address the issued and stop this increase. The city of Cola. homes pay the sewer through there water bill, so it would be an unreasonable amount for families with two bills.

\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE. ☐ ☐

Complainant's Signature\* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lexington )

VERIFICATION

I, Gloria D. Hallman  
Complainant's Name \*

verify that I have read my complaint filed on 12/27/19  
Date \*

Internal Use Only

Processed By	Date
H.E.	

and know the contents thereof, and that said contents are true.

Gloria D. Hallman  
Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

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